

APPROPRIATIONS REQUEST FORM

OREGON HOUSE DELEGATION

FISCAL YEAR 2010

DEADLINE FOR SUBMISSION: FEBRUARY 13, 2009

PLEASE NOTE: As required by the House Appropriations Committee, all requests will be made public on the requesting Member's website.

1. Project Title:

Engaging Communities to Improve Breast Cancer Screening in Rural Oregon

2. Organization Name and address:

Oregon Health & Science University
3181 SW Sam Jackson Park Road
Portland, OR 97239

3. Primary Contact name, phone number, mobile phone number, fax number and email:

Lynne Davis Boyle
Director of Federal Relations
Government and Community Relations
3181 SW Sam Jackson Park Road, L101
Portland, OR 97239
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Fax: 202-349-4099
Email: boylel@ohsu.edu

4. Project Location Address (if different from Organization):

Clatsop, Tillamook and Lincoln counties

5. Please describe the requesting organization's main activities, and whether it is a public, private non-profit, or private for-profit entity:

Oregon Health & Science University is the state's only health and research university, and Oregon's only academic health center. OHSU is Portland's largest employer and the fourth largest in Oregon (excluding government), with 12,700 employees. OHSU's size contributes to its ability to provide many services and community support activities not found anywhere else in the state. It serves 210,000 patients annually, and is a conduit for learning for more than 3,400 students and trainees. OHSU is the source of more than 200 community outreach programs that bring health and education services to every county in the state.

As a leader in research, OHSU earned \$299 million in research funding in fiscal year 2008. OHSU serves as a catalyst for the region's bioscience industry and is an incubator of discovery, averaging one new breakthrough or innovation every three days, with more than 4,000 research projects currently under way. OHSU research has resulted in 37 new spinoff companies since 2000, most of which are based in Oregon.

6. Briefly describe the activity or project for which funding is requested (please keep to 500 words or less.)

OHSU proposes to significantly reduce the number of breast cancer deaths in Oregon's rural communities by overcoming barriers to mammography screening. OHSU's Knight Cancer Institute (led by Dr. Brian Druker), the Oregon Rural Practice-based Research Network (ORPRN)— a clinical research network of 152 clinicians and 47 primary care practices located in 37 rural Oregon communities serving approximately 220,000 patients-- and local community leaders will collaboratively work throughout rural Oregon to increase mammography screening rates. By working at both the community and physician level, we can confront the myriad of issues facing women in seeking regular mammograms. We will also help doctors to identify which patients are due or miss this recommended preventative care visit. Using data obtained in the FY09 strategic planning process, we will target mothers, sisters, wives, aunts and grandmothers in regions most in need of research-tested screening interventions.

The Knight Cancer Institute has developed a strategic outreach plan to detail 1) barriers faced by women in obtaining timely mammography and 2) challenges faced by clinicians in delivering care in a rural setting. These data will indicate clear first opportunities to improve the breast health of Oregon women where low screening rates, difficulty accessing care, and inability to pay for services are evident. Initially, we will target the 12,000 women overdue for mammography in the coastal counties of Clatsop, Tillamook and Lincoln.

First year funding in these initial counties will support plans in these counties to: a) educate women and community leaders of the breast cancer data demonstrating the health concern; b) discover root causes of mammography barriers such as capacity limitations and women's reluctance to obtain preventative cancer care; c) develop an action plan of breast cancer interventions aligned with community priorities; d) implement the plan's intervention strategies; and e) measure outcomes. Such interventions will be community-specific, but will broadly focus on: dispelling breast cancer myths; resolving women's transportation and translation needs; using health information technology to identify patients due for screening; addressing mammography capacity; and creating web-based mammography services and breast cancer resources.

Building on successful interventions implemented in these activated counties, in Years 2 and 3 we will extend this community-participatory model, incorporating key learnings, to improve breast cancer screening rates in additional rural Oregon communities. We will convene annual breast cancer

awareness conferences in the state and will invite key players to encourage community involvement. We will also continue to build on the CHIP, which has been employed in dozens of communities in Oregon, to successfully bring the awareness of breast cancer prevention to other rural counties in Oregon.

7. Has this project received federal appropriations funding in past fiscal years?

No

7a. If yes, please provide fiscal year, Department, Account, and funding amount of any previous funding.

8. Federal agency and account from which funds are requested (Please be specific – e.g. Department of Housing and Urban Development, Economic Development Initiatives account):

HHS: Center for Disease Control

9. What is the purpose of the project? Why is it a valuable use of taxpayer funds? How will the project support efforts to improve the economy and create jobs in Oregon?

The purpose of this project is to reduce the death rate from breast cancer by increasing screening mammography in women 40 years and older throughout Oregon. The desired outcomes are to: 1) prioritize breast cancer risk reduction behavior and screening recommendations to community members of Clatsop, Tillamook and Lincoln counties, 2) increase mammography screening rates by reducing the barriers, and 3) enhance the linkage between primary care practices/clinicians and community cancer prevention resources through health information technology and quality improvement interventions.

Oregon ranks # 2 nationally in breast cancer incidence, and the death rate from breast cancer in Oregon is 10% higher than the U.S. Department of Health and Human Service's *Healthy People 2010* benchmark. While mammography has been shown to reduce breast cancer deaths by 20-30%, barriers exist such that only 73% of Oregon women aged 40 and over receive recommended mammography screening. Not surprisingly, those least likely to seek mammogram services are the most vulnerable in our communities: those with lower incomes, inadequate insurance or uninsured, and living in rural areas where the healthcare shortage is most prominent. It is these population groups that we will serve with research-proven intervention strategies.

Our initial outreach will be in the coastal counties of Clatsop, Tillamook and Lincoln where only five mammography facilities exist, serving nearly 3,000 square miles. In these rural-designated counties, the percentage of the population below the 200% of the Federal Poverty Level, defined as the working poor, is 31.9% (Clatsop), 34.5% (Tillamook), and 36.1% (Lincoln). OHSU's Knight Cancer Institute and ORPRN are targeting these counties because they have a track record of implementing community-based changes based on a model referred to as the Community Health Improvement Partnerships (CHIP). CHIP was created by Paul McGinnis at ORPRN and is a structured process designed to involve community members in developing ways to improve the local health care delivery system and community health status. The Lincoln County-based ORPRN research coordinator, who has existing, durable relationships with clinicians, practices and community organizations in these counties, will partner with the Knight Cancer Institute to disseminate breast cancer concerns to the communities. All parties will work collaboratively to create an action plan to overcome barriers in the community.

Investing in health care education and prevention through community engagement are valuable uses of taxpayer funds. The federal government is also interested in improving access to the appropriate care at the appropriate time. Annual mammography screening is just that – a scientifically-proven tool that detects breast cancer at its earliest, most curable and least medically costly stage.

The project will also improve the health and financial viability of the local health systems by encouraging women to seek health care services within their community and to not bypass their primary care provider. Because the project's goal is to increase mammography in these counties, we anticipate the creation of health care jobs such as mammography technicians or radiologists. We also anticipate employing an information technology specialist to develop and initiate an electronic mammogram registry that identifies patients due for care and integrates results into electronic health records, along with a healthcare coordinator to identify and connect women with mammography services. We will help fund local not-for-profit agencies like the Susan G. Komen for the Cure that are well suited to encourage the never- and rarely-screened woman to obtain a mammogram. By investing directly into communities, these intervention strategies will empower the local community health infrastructure to address and sustain this and other health improvements.

**10. Have you requested funding for this project from other Members of Congress?
If so, who?**

Yes, all members of the Oregon delegation.

11. Funding Details:

a. Total project cost (all funding sources and all years):

\$2,055,000

b. Amount being requested for this project in Fiscal Year 2010:

\$400,000

c. What other funding sources (local, regional, state) are contributing to this project or activity? (Please provide specific dollar amount or percentage.)

With an extremely dedicated 21-member council of business and community leaders, the OHSU Knight Cancer Institute is deeply committed to a fundraising program that would leverage an investment of federal funds. Philanthropic funds will support infrastructure related to this project as well as the significant planning component. ORPRN's synergy existing from funded projects will be used to provide local expertise needed to meet and engage with community leaders.

| Funding Source | FY 2009 | FY 2010 | FY 2011 | FY 2012 |
|--------------------------------|----------------|----------------|----------------|----------------|
| Knight Cancer Institute | \$195,000 | \$150,000 | \$150,000 | \$170,000 |
| ORPRN | \$75,000 | \$35,000 | \$25,000 | \$25,000 |
| Local support | \$30,000 | \$30,000 | \$30,000 | \$30,000 |

d. Do you expect to request federal funding in future years for this project? Yes.

**e. Breakdown/budget of the amount you are requesting for this project in FY 2010.
(e.g. salary \$40,000; computer \$3,000):**

| | |
|-------------------------------------|-----------------|
| Community Interventions | \$150,000 |
| CHIP / county coalition development | \$30,000 |
| Health IT tracking tool | \$30,000 |
| FY 2011 Breast Health conference | \$30,000 |
| Salary for Portland-based personnel | \$60,000 |
| Salary for local personnel | \$80,000 |
| Travel | <u>\$20,000</u> |
| | \$400,000 |

f. Please list public or private organizations that have supported/endorsed this project:

1. Bruce Goldberg, MD, State of Oregon, Director, Department of Human Services
2. Christine McDonald, Susan G. Komen for the Cure, Oregon & SW Washington, Executive Director
3. Merwin Moe Spenser, American Cancer Society Cancer Action Network, Oregon State Director
Government Relations
4. Robert Law, MD, ORPRN Steering Committee Chair
5. Karen Bondley, Chairperson, Lincoln County CHIP
6. Debbie Morrow, Director, Clatsop County CHIP

g. Is this project scalable? (i.e. if partial funding is awarded, will the organization be able to use the funds in FY 2010?):

Yes. The project could be scaled back to target fewer counties or such work could be completed with the contribution of funding from additional funding sources, including grants and foundations.

Please return this form no later than February 13, 2009 (via email) to:

appropriations.blumenauer@mail.house.gov